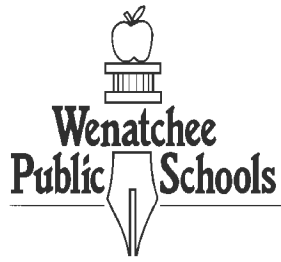


**Do Not Bend**

WHS-4/07



**GENERAL INFORMATION**

STUDENT NAME  
Please Print

(Last)

(First)

(Initial)

STUDENT'S NAME \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

PARENTS/GUARDIANS \_\_\_\_\_  
(Last Name) (Father First Name) (Mother First Name)

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ YEAR IN SCHOOL \_\_\_\_\_

**ANSWER ALL OF THE FOLLOWING QUESTIONS WITH YES OR NO:**

- \_\_\_\_\_ Are you currently living with your parent(s)?
- \_\_\_\_\_ If no, are you living with your **legal** guardian?
- \_\_\_\_\_ Are you currently living within the Wenatchee School District boundaries?
- \_\_\_\_\_ Are you now or have you ever been a foreign exchange student?
- \_\_\_\_\_ If yes, have you graduated from your equivalent school?
- \_\_\_\_\_ Were you a transfer student last year? If yes, what was the date of your entrance to the Wenatchee School District? \_\_\_\_/\_\_\_\_/\_\_\_\_.  
mo day year

*Do you attend:*

Westside High School \_\_\_\_\_

Skill Source \_\_\_\_\_

Skills Center \_\_\_\_\_

Running Start \_\_\_\_\_

Home School \_\_\_\_\_

Private School \_\_\_\_\_ Private School Name \_\_\_\_\_

**What school did you attend last year?** \_\_\_\_\_

Name of School \_\_\_\_\_ (Date Withdrew) \_\_\_\_\_

Location of School \_\_\_\_\_ (City) \_\_\_\_\_ (State)

**Office Use Only:**

ASB Pd \_\_\_\_\_ Sport Fee: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

# School Athletic Emergency Information/Medical Clearance

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Parent E-mail Address \_\_\_\_\_

Parent (Mother) \_\_\_\_\_ Work phone# \_\_\_\_\_

Parent (Father) \_\_\_\_\_ Work phone# \_\_\_\_\_

Emergency phone# \_\_\_\_\_ Who? \_\_\_\_\_

Family Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

School Insurance: \_\_\_\_\_ School Time Plan \_\_\_\_\_ Full Time Plan \_\_\_\_\_ Football Plan \_\_\_\_\_

**In the event of serious injury and your family doctor cannot be contacted, and if we are unable to contact one or the other parent, does the coaching staff/athletic trainer have your permission to seek medical attention from the nearest physician?**

\_\_\_ YES \_\_\_ NO If your answer is NO, please state the procedure you wish the coaching staff/ athletic trainer to follow:

**I authorize release of the health care practitioner's (family physician and/or athletic physical provider) exam findings and other pertinent medical data as it relates to the participation of my child in Wenatchee School District sports activities. I understand that the physical exam documentation will be kept on file at their school for middle level athletes and in the Wenatchee High School Athletic Department for high school athletes.**

**Parent Signature**

**Date**

FALSIFYING SIGNATURES ON ANY REQUIRED FORM WILL BE CAUSE FOR LOSS OF ELIGIBILITY FOR ACTIVITY

**Examiner's Section** \_\_\_\_\_ *Complete Physical* Required prior to middle school level and high school level participation  
\_\_\_\_\_ *Annual Update* Date of complete physical \_\_\_\_\_

Are there any significant findings the school medical/coaching staff should be aware of:

- \_\_\_\_\_ Head/neck/spine injuries
- \_\_\_\_\_ Musculoskeletal injuries
- \_\_\_\_\_ Cardiopulmonary conditions
- \_\_\_\_\_ Other medical conditions (describe)
- \_\_\_\_\_ Loss of paired organs
- \_\_\_\_\_ Medications
- \_\_\_\_\_ Allergic to medicines, insect bites, other

Please explain any of the above: \_\_\_\_\_

**Assessment:**

\_\_\_\_\_ Full participation  
\_\_\_\_\_ Limited participation (describe limitations, restrictions): \_\_\_\_\_  
\_\_\_\_\_ Participation contraindicated (list reasons and sports): \_\_\_\_\_  
Recommendations (equipment, bracing, taping, rehabilitation, etc): \_\_\_\_\_

Wrestling: Circle recommended weight class (minimum recommended body fat % for males= 7%)  
High School: 103 112 119 125 130 135 140 145 152 160 171 189 215 275  
Middle School: 64-75 70-82 87 92 97 103 112 119 125 130 135 140 145 152 160 171 189  
215 Over 215 Others: \_\_\_\_\_

Date \_\_\_\_\_ **Examiner's Signature** \_\_\_\_\_

Examiner's Name (Print) \_\_\_\_\_